Case_11:04_FGIN1002820NG0 AUTDOCHMOAN 160/RT AFFIRED 8615/2006 Page 1 of 1

	R/DIST/DIV. CODE	2. PERSON REPRESENTED Robateau, Michael D					VOUCHER NUMBER				
3. MAG. DKT/DEF. NUMBER			4. DIST. DKT/DEF. NUMBER 1:04-010382-001		R 5. APP	EALS DKT/I	UMBER	6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name)			8. PAYMENT CATEGORY		9. TYP	E PERSON R	SENTED	10. REPRESENTATION TYPE (See Instructions)			
U.S. v. Robateau			Felony	Ac	Adult Defendant				Criminal Case		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) 12. 18 922G.F UNLAWFUL TRANSPORT/POSSESS/RECEIVE FIREARMS THROUGH INTERSTATE COMMERCE											
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS ANDREWS, MICHAEL C. 21 CUSTOM HOUSE ST. SUITE 920 BOSTON MA 02110 Telephone Number: (617) 951-0072 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)					O O F P Prior A Ap Bec otherwise (2) does: attorney or Oth Signs	P Subs For Panel Attorney Y Standby Counsel Prior Attorney's Name: Appointment Date: Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to walve counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case.					
	CATEGORIES (Attack	itemization of s	ervices with dates)		HOURS CLAIMED	TOTAL AMOU! CLAIM	TV	MATH/TECH ADJUSTED HOURS	AD.	TH/TECH JUSTED IOUNT	ADDITIONAL REVIEW
15.	a. Arraignment and	or Plea									
	b. Bail and Detentio	n Hearings									
	c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings										
I											
С											
O U											
ŗ	g. Appeals Court										
	h. Other (Specify on	additional she	ets)								
	(Rate per hour = \$) TOTALS:										
16.	a. Interviews and Co										
O u t	b. Obtaining and reviewing records										
ę	c. Legal research an										
c	d. Travel time										
O U F	e. Investigative and	Other work	(Specify on addition	nal sheets)							
-F	(Rate per hour	= \$) TO	TALS:							
17.	Travel Expenses	(lodging, parkin	g, meals, mileage, e	etc.)							
18.	Other Expenses	(other than expe	ert, transcripts, etc.	.)							
	P. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM TO					E 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 21. CASE DISPOSITION					
22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment Payment Have you previously applied to the court for compensation and/or remimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.											
	Signature of Attorney:					Date;					
	23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL									AMT. APPR / CERT	
	28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER						DATE			28a. JUDGE / MAG. JUDGE CODE	
29.	29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL				EL EXPENSI	ES 32.	32. OTHER EXPENSES 33. TOTAL			AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Parapproved in excess of the statutory threshold amount.						DA	DATE			34a. JUDGE CODE	